

(Rev. 5-95)

Guaranteed RH Loans

OMB NO.0575-0078

Date of Note	Amount of Note	Type of Agreement 1 <input type="checkbox"/> New 2 <input type="checkbox"/> Corrected 3 <input type="checkbox"/> Mid-Term Revision 4 <input type="checkbox"/> Cancellation	
Note Rate	Floor Rate	Case Number	Effective Date
Loan Number	Lender Identification Number		Branch Number

I. This agreement between the United States of America, acting through the Rural Housing Service (RHS) pursuant to the Title V of the Housing Act of 1949, (called "the Government") and the borrower whose name appears below (called "Borrower") supplements the Master Interest Assistance and Shared Equity Agreement with Promissory Note dated _____ (called Master Agreement whether one or more).

II. TO BE COMPLETED BY BORROWER (If additional space is needed, attach additional sheets)

A. Complete the following for borrower, co-borrower, and all adult members of the household who will receive income.

Name	Planned Income Next 12 Months			Names and addresses of employer or source of income
	Age	Wages	Other	
1.				
2.				
3.				

B. Number of dependents (not including foster children) residing in the dwelling

SIGNATURES OF BORROWERS. I (we) certify that this information is correct to the best of my (our) knowledge and have read and understand the requirements and conditions on the Master Agreement.

WARNING: Section 1001 of Title 18, United States Code, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device ... a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than 5 years, or both."

(Borrower)	(Co-Borrower)	(Date)
III. TO BE COMPLETED BY THE LENDER		
1. Annual Income _____	Complete this column for each Loan Note	
2. Deductions _____	4. Installment (@ Note Rate) _____	
3. Adjusted Annual Income _____ (1 minus 2)	5. Installment (@ Note Rate) _____	
Low-Income Limit - Maximum _____	6. Difference _____	
	7. Interest Assistance Monthly _____	
	Overpayment to be Offset	
	Total Amount _____	
	Monthly Amount _____	

IV. MONTHLY INSTALLMENT NOTE: Subject to the provisions of this agreement, the borrower will pay _____ dollars per month for 12 months beginning _____ (not including any amounts required for taxes and insurance escrow accounts). This agreement may be revised or cancelled as provided by the conditions listed on the Master Agreement.

Prepared by (Authorized Lender Signature & Title)	UNITED STATES DEPARTMENT OF AGRICULTURE Rural Housing Service (Authorized Signature & Title)
Date	Date

V. The Government's share of payments made under this agreement are reduced by _____ dollars per month for _____ months to offset the amount of _____ which the Government and Borrower agree represents an overpayment of assistance for the period _____ to _____.

VI. TO BE COMPLETED BY RHS SERVICING OFFICE ONLY: The lender is entitled to a processing fee for the preparation of this agreement. Enter 1 for system generated check, 2 for manual check (Finance Office Only), or 3 for no check issued. _____

Date of Processing Fee _____ (Finance Office Only)

VII. FINANCE OFFICE USE ONLY

Check Issue Code _____

Manual Check (Interest Assistance) _____ (Date) _____ (Amount)

Information provided on this form is used by RHS to calculate the amount of interest subsidy the borrower will receive and the amount of loan installment the borrower will pay in the ensuing year. Information collected is necessary to receive the subsidy benefits.

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Agriculture, Clearance Officer, OIRM AG Box 7630, Washington, D.C. 20250; and to the Office Management and Budget, Paperwork Reduction Project (OMB No. 0575-0078), Washington, D.C. 20503. **Please DO NOT RETURN this form to this address. Forward to the local USDA office only.**